

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) <b>SMCY-P02-099</b>
Application Number	10/750,540	Filed      December 31, 2003
For      METHODS FOR MANUFACTURING ENCASED MATTRESSES		
Art Unit	3673	Examiner      F. C. Conley
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$130 <u>Small Entity Fee</u> \$65      \$ _____
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490      \$245      \$490.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110      \$555      \$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730      \$865      \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350      \$1175      \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u> .		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>L0365</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>_____</u>		
<u>Vasanth Sarathy/</u> Signature		<u>December 15, 2009</u> Date
<u>Vasanth Sarathy</u> Typed or printed name		<u>(617) 951-7034</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of <u>1</u> forms are submitted.	